	E) A	United	United States Environmental Protection Agency Washington, DC 20460					Work Assignment Number 2-19				
EPA				Work Assignment				Other Amendment Number:					
Contract N	Number		Cor	Contract Period 09/16/2014 To 09/15/2019				Title of Work Assignment/SF Site Name					
EP-D-14-032 Base Option Period Number								Support Permit Review & Dev					
Contractor	Contractor Specify Section and paragraph of Contract SOW												
INDUSTRIAL ECONOMICS, INCORPORATED 1,10,11,12													
Purpose:		X Work Assig	nment		Work Assignment Close-Out			Period of Performance					
Work Assignment Amendment Incremental Funding													
X Work Plan Approval								From 09/16/2016 To 09/15/2019					
Comments:													
The work plan and cost estimate dated 09/30/2016 have been received, reviewed, and are hereby approved for													
647 hours and \$84,414.54. The contractor shall not exceed the costs of \$50,000 until authorized in writing by the Contracting Officer. No previously performed work shall be duplicated.													
Superfund Accounting and Appropriations Data								X Non-Superfund					
SFO (Max 2) Note: To report additional accounting and appropriations date use EPA Form 1900-69A.													
Ċ	OCN lax 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (D	ollars) (C	Cents)	Site/Project (Max 8)	Cost Org/Code		
1													
2													
3													
4													
5								•					
Authorized Work Assignment Ceiling													
Contract Period: Cost/Fee: \$0.00 09/16/2014 To 09/15/2019								LOE: 0					
This Action: \$84,414.54								647					
	_			, ,		-							
Total: \$84,414.54								647					
Work Plan / Cost Estimate Approvals													
Contractor WP Dated: 09/30/2016 Cost/Fee \$84,414.54								LOE: 647					
Cumulative Approved: Cost/Fee \$84,414.54								LOE: 647					
Work Assignment Manager Name Toni Colon								Branch/Mail Code:					
								Phone Number: 919-541-0069					
(Signature) (Date)							— FAX	FAX Number:					
Project Officer Name Carolyn Blake								Branch/Mail Code:					
							Pho	Phone Number: 919-541-5256					
(Signature) (Date)								FAX Number:					
Other Age	Other Agency Official Name								Branch/Mail Code:				
								Phone Number:					
		(Signa	ture)		(Date)								
Contracting Official Name Natalia Fisher-Jackson								nch/Mail Code):				
								Phone Number: 919-541-3564					
(Signature) (Date)								FAX Number:					